



**Texas Department of Agriculture**  
**Pesticide Registrant Change of Business Information**

**PR-201**

TODD STAPLES, COMMISSIONER

<b>SECTION A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	Licensee Name	
	TDA Client No.	TDA License No.

Please provide ONLY the information that has changed.

<b>SECTION B</b>	<b><sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated: <ul style="list-style-type: none"><li>♦ For a corporation, limited liability company, or cooperative, the president or CEO</li><li>♦ For a limited or general partnership, the managing partner or general manager</li><li>♦ For any other type of business, the general manager</li></ul>			
	<b>You may change the CEO, President, Managing Partner or General Partner information only. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new license.</b>			
	<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	M. I.	Last Name
	Phone No. (      )      -      Ext.		E-mail	
<b>SECTION C</b>	<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>			
	Address			
	City	State	Zip	County

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	M. I.	Last Name
	Title		Primary Phone (      )      -      Ext.	
	Secondary Phone (optional) (      )      -      Ext.		Fax (optional) (      )      -      Ext.	
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name \_\_\_\_\_

<b>SEC. C (CONT)</b>	<b><sup>2</sup> PERSON TO CONTACT MAILING ADDRESS</b>			
	Address			
	City	State	Zip	County

  

<b>SECTION D</b>	<b><sup>1</sup> NEW CORRESPONDENT INFORMATION (If different from above)</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/>			
	Title		Company Name	
	Comptroller Taxpayer ID No. (in-state businesses only)		Federal Taxpayer ID No. (out-of-state businesses only)	
	Primary Phone (     )     -     Ext.		Secondary Phone (optional) (     )     -     Ext.	
	Fax (optional) (     )     -		E-mail (optional)	
	Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b><sup>2</sup> NEW CORRESPONDENT MAILING ADDRESS</b>			
	Address			
City		State	Zip	

  

<b>SECTION E</b>	<b><sup>1</sup> NEW RESIDENT AGENT - OUT-OF-STATE BUSINESSES ONLY</b>		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	New Resident Agent Name		
	New Resident Agent Address		
	City	Zip	Business Phone (     )     -

  

<b>SECTION F</b>	<b><sup>1</sup> SIGNATURE</b>	
	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.	
	Applicant Name (print)	Title
	Applicant Signature	Date     /     / month   day   year